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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application No.	10/587,533
	Filing Date	July 26, 2006
	First Named Inventor	Alexey V. Ryzhykh
	Art Unit	2442
	Examiner Name	Nickerson, Jeffrey L.
Total Number of Pages in This Submission		18
Attorney Docket Number		42P24165

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	April 16, 2009

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Brent E. Vecchia		
Signature	<i>Brent E. Vecchia</i>	Date	April 16, 2009

Based on PTO/SB/21 (10-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 10/05/2007.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

APR 16 2009

FEE TRANSMITTAL for FY 2007 <i>Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>	
		Application Number	10/587,533
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	July 26, 2006
		First Named Inventor	Alexey V. Ryzhykh
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Examiner Name	Nickerson, Jeffrey L.
		Art Unit	2442
		Attorney Docket No.	42P24165

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	

FEE CALCULATION																																																																																																																									
1. EXTRA CLAIM FEES																																																																																																																									
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>			Date	04/16/09

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/26/2007.
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